BAYOUHEALTH
Your Health | Your Choice

Enrollment Form

Use this form to choose a Health Plan and a primary care provider (PCP) for each person. If you don't choose a PCP, the Plan will choose one for you. It is best to make your own choice!

Enroll now! Here are the 5 ways you can enroll:

1. Enroll online at **www.bayouhealth.com**
2. Call us at **1-855-BAYOU-4U** (1-855-229-6848). The call is free.
3. Fill out this form and send it to us.
4. Complete this form and fax it to 1-888-858-3875.
5. Enroll in person at your local Medicaid eligibility office.

▶ Who is the person filling out this form?

First name: | Last name:

Address:

City: | State: | ZIP Code:

▶ What is the best number we can use to call you? Home: ( ) Cell: ( )

▶ If a provider or someone at your provider's office assisted you with enrolling, have them complete the following:

Provider / Practitioner name: | Group / Organization name:

Plan affiliations: | Telephone number: ( )

Member first and last name: | Card control number:

Choose one Health Plan (put an **X** in the box).

☐ Amerigroup ☐ Community Health Solutions ☐ LaCare
☐ Louisiana Healthcare Connections ☐ UnitedHealthcare Community Plan

Choose a PCP Is this your current PCP? ☐ Yes ☐ No

PCP's first and last name: | PCP's phone number: ( )

PCP's address (street, city, state, ZIP Code):

Member first and last name: | Card control number:

Choose one Health Plan (put an **X** in the box).

☐ Amerigroup ☐ Community Health Solutions ☐ LaCare
☐ Louisiana Healthcare Connections ☐ UnitedHealthcare Community Plan

Choose a PCP Do you want the same PCP that you chose for the first member? ☐ Yes ☐ No *If **Yes**, skip to the next member. If **No**, please tell us about the PCP.*

Is this your current PCP? ☐ Yes ☐ No

PCP's first and last name: | PCP's phone number: ( )

PCP's address (street, city, state, ZIP Code):

Please turn the page ▶▶▶

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Enrollment Form
(continued)

Member first and last name:	Card control number:

Choose one Health Plan (put an **X** in the box).
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☐ Louisiana Healthcare Connections ☐ UnitedHealthcare Community Plan

Choose a PCP Do you want the same PCP that you chose for the first member?
☐ Yes ☐ No *If **Yes**, skip to the next member. If **No**, please tell us about the PCP.*

Is this your current PCP?
☐ Yes ☐ No

PCP's first and last name:	PCP's phone number: ( )

PCP's address (street, city, state, ZIP Code):

Member first and last name:	Card control number:

Choose one Health Plan (put an **X** in the box).
☐ Amerigroup ☐ Community Health Solutions ☐ LaCare
☐ Louisiana Healthcare Connections ☐ UnitedHealthcare Community Plan

Choose a PCP Do you want the same PCP that you chose for the first member?
☐ Yes ☐ No *If **Yes**, skip to the next member. If **No**, please tell us about the PCP.*

Is this your current PCP?
☐ Yes ☐ No

PCP's first and last name:	PCP's phone number: ( )

PCP's address (street, city, state, ZIP Code):

Member first and last name:	Card control number:

Choose one Health Plan (put an **X** in the box).
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Choose a PCP Do you want the same PCP that you chose for the first member?
☐ Yes ☐ No *If **Yes**, skip to the next member. If **No**, please tell us about the PCP.*

Is this your current PCP?
☐ Yes ☐ No

PCP's first and last name:	PCP's phone number: ( )

PCP's address (street, city, state, ZIP Code):

Member first and last name:	Card control number:

Choose one Health Plan (put an **X** in the box).
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☐ Yes ☐ No *If **Yes**, skip to the next member. If **No**, please tell us about the PCP.*

Is this your current PCP?
☐ Yes ☐ No

PCP's first and last name:	PCP's phone number: ( )

PCP's address (street, city, state, ZIP Code):